

# LEGISLATIVE BLUE RIBBON COMMISSION ON AUTISM

## Task Force on Education and Professional Development

### Summary of Possible Solutions

The following is a list of the main solution concepts that emerged from the work of the Task Force on Education and Professional Development.

#### Dissemination and Implementation of Best Practices

1. Existing best practice guidelines for serving persons with ASD should be disseminated broadly for implementation by local education agencies (LEAs), regional centers, health professionals, other service providers, and parents. *Best Practices for Designing and Delivering Effective Programs for Individuals with Autistic Spectrum Disorders* (California Department of Developmental Services (DDS) and California Department of Education (CDE), 1997) provides guiding principles and suggested strategies for ASD programs related to parental involvement, identification and referral, assessment, program development, transition planning, staff development, and program evaluation. *Autistic Spectrum Disorders: Best Practice Guidelines for Screening, Diagnosis, and Assessment* (DDS, 2002) provides recommendations for screening, evaluating, and assessing persons suspected of having ASD. DDS and CDE should collaborate to assess the extent to which these best practices are implemented statewide, identify challenges or barriers to implementation, and identify options to increase implementation of these best practices.
2. Best practice guidelines for effective educational and other interventions for ASD should be developed and disseminated broadly for implementation by LEAs, regional centers, health professionals, other service providers, and parents. The guidelines need to recognize that interventions will differ depending on the age of the child and the child's diagnosis on the autism spectrum. The task force acknowledges that there is a project underway in California to identify evidence-based interventions and promising practices for treating ASD. The project is coordinated with a national effort to identify best practices for ASD interventions. The state project is conducted by independent consultants under contract with DDS, and is anticipated to produce findings by December 2007. If there are no significant objections to the findings of the project, DDS and CDE should collaborate in efforts to disseminate and promote implementation of guidelines. To the extent that the state project concludes there is a need for further research of effective interventions for ASD, the state should fund comprehensive, independent research to assess the effectiveness of the most promising ASD interventions.
3. There is a need for a single web-site that provides comprehensive, evidence-based information about ASD, best practices for screening, assessing, diagnosing, and treating persons with ASD, and resources for where educators, regional centers, health professionals, other service providers, and parents can obtain information and

services in their area. A web-site could be developed based on the content of the existing and forthcoming best practices guidelines developed through the DDS project. Users could search the web-site for specific recommended interventions based on the age and diagnosis of a child.

4. ASD demonstration sites could be established throughout the state to highlight examples of effective LEA and regional center funded programs for ASD, including innovative efforts to provide staff training, use best practice interventions in the classroom and other settings, and successful collaborations, and effective parental involvement. These sites could provide technical assistance and consultation to other LEAs and regional centers. Demonstration sites would be evaluated for performance in improving student outcomes among other performance measures. Demonstration sites would be supported with new grant funding from the state.

#### Preparation and On-going Professional Development

Educators, regional centers, health professionals and other service providers that work with persons with ASD (i.e., developmental pediatricians, behavior analysts, psychologists, developmental specialists, speech and language pathologists, and occupational therapists), and parents should be trained to deliver effective interventions for ASD. Training must reach professionals currently in the field as well as those in career preparation programs. Pre-service and in-service training programs should include curricula on the nature of ASD, evidence-based interventions and other best practices for ASD, and strategies and tools for implementing these best practices in the classroom, home, and other settings. The task force believes that training for educators and other professionals that work with persons with ASD is significantly under-funded.

Here are some possible options to expand training in ASD:

5. Create regional, multi-disciplinary ASD training teams to provide in-service training for educators, other service providers, and parents on best practices for ASD interventions. Training teams and models could vary by region, in order to build upon the variety of innovative, successful public-private partnership and other training approaches already being used across the state. Regional training teams would be linked together as a statewide ASD training consortium to ensure collaboration and coordination statewide regarding best practices and other information sharing, data collection, and evaluation. Possible approaches may include, among others, multi-disciplinary teams that provide direct in-service training, a train-the-trainers approach that could disseminate information quickly on a broad basis, and videoconferences. For example, UC used a train-the-trainer model to train teachers throughout the province of Nova Scotia, Canada through a grant from the Canadian Government. UC also conducted videoconferences for over 800 people in California using a grant from Proposition 10.
6. Integrate training in ASD into the Beginning Teacher Support and Assessment (BTSA) program that is required for all new teachers. BTSA is a state-funded

induction program, co-sponsored by the California Department of Education (CDE) and the Commission on Teacher Credentialing (CTC), designed to support the professional development of newly-credentialed, beginning teachers and fulfill the requirements for the California Clear Multiple and Single Subjects Credentials. There are currently over 150 approved BTSA induction programs across California. Each BTSA program works in collaboration with one or more college or university partner or institutions of higher education (IHE).

7. Support efforts of LEAs to operate alternative teaching credential programs that provide specialized training in ASD. For example, the Sacramento County Office of Education proposes to create an alternative credentialing program for special education teachers. The program includes one-year of pre-service training followed by in-service training.
8. Expand undergraduate and graduate student training in ASD currently provided by the University of California. For example, the University of California at Los Angeles, University of California at Davis, and University of California at Santa Barbara collaborated to offer courses in ASD via teleconference for all UC campuses. Similar training programs could be developed for the California State University system.
9. Conduct a study of undergraduate and graduate student training programs at colleges and universities in California and recommend targeted changes to the curricula for training in ASD, based on best practice guidelines for serving persons with ASD and strategies for implementing these practices.
10. Develop standards for awarding a certificate of competency in ASD. There are opportunities to build upon current certificate programs. One option is to expand UC professional development programs in ASD for regular and special education teachers, school administrators, speech/occupational therapists, psychologists, other medical professionals and paraprofessionals, and parents. The professional and continuing education extension program at UC Davis offers a 9-unit Specialized Studies Program in Autism Spectrum Disorders. The program offers instruction in understanding ASD and best practice strategies and interventions for ASD, including applied behavior analysis strategies. A certificate is awarded upon completion of the program. School districts could offer incentives for teachers and other school staff to complete the program. There could also be support for LEAs to offer certificate programs in ASD. LEAs in Placer, Butte, Shasta, and Yolo counties collaborated to create a training program that awards autism competency certificates to teachers that complete training and pass a comprehensive exam.
11. Establish a formal credentialing program for all teacher aides. The program would require teacher aides to have training in working with special needs students, including pupils with ASD.
12. Develop a DVD for teachers, other professionals, and parents that provides training

on ASD best practice interventions and strategies to implement them in the classroom, at home, and in other settings.

13. Increase access to the assessment, training, and technical assistance services of the three Diagnostic Centers operated by CDE. Located in Los Angeles, Fremont, and Fresno, these centers provide comprehensive assessment and educational planning services to assist LEAs in addressing the needs of their most complex special education students. The centers provide assistance in program and instructional design and delivery and professional development for teachers, administrators, special education staff, families, and service agency personnel. Referrals for assessment must be made by a LEA. Eligible students are those students who are enrolled in special education, are not progressing despite LEA efforts, present a complex learning or behavioral profile, and for whom the LEA requires additional diagnostic information to assist in defining appropriate educational goals and teaching strategies. Requests for assistance and staff development may be made by LEAs, members of Regional Coordinating Councils, local colleges and universities, parent organizations, and service agencies. Center services are provided at no charge.
14. Require that all teachers in California, in order to receive a single-subject teaching credential, multiple-subject credential, or special education credential, receive training in ASD through a teacher preparation program.
15. Require that all special education teachers receiving the education specialist instruction credential have training in ASD. The California Commission on Teacher Credentialing (CTC) is currently reviewing the structure of the special education credential to identify possible modifications to the credential. A report will be presented to the CTC in October 2007 and to the Legislature by December 2007. The Commission could collaborate with CTC in their review of the special education credential. A specific issue identified by the task force is that CTC should allow teachers with the "Mild to Moderate" disability specialization to work with children with ASD, in addition to teachers with the "Moderate to Severe" disability specialization.
16. Restore state funding to LEAs for staff training days (that was eliminated in state budget cuts) so that LEAs can provide all staff with training on how to work with students who have disabilities, including pupils with ASD. This training should include information about the federal Health Insurance Portability and Accountability Act (HIPAA), which establishes national standards for the protection of an individual's personal health information. Another idea is to provide funding for substitute teachers so that full-time teachers can be released from the classroom to attend such training.

#### Funding and Collaboration Across Services Systems

17. DDS and CDE could conduct a joint review of current law requirements for regional centers and LEAs to collaborate in the provision of services for persons with ASD

and the extent to which this collaboration occurs statewide. A comprehensive state-level review of how persons with ASD are served across regional centers and LEAs would identify the challenges and barriers to services collaboration as well as examples of successful collaboration across the state. There is a need for successful models of collaboration around individual assessments and diagnosis as well as program planning. DDS and CDE could examine different state-level options to promote greater collaboration, including modifying state statutes, regulations, contracts, and reporting requirements, and providing greater incentives for collaboration. The task force acknowledges that DDS is leading an effort to develop a best practices guide on collaboration, with an emphasis on services for ASD.

18. Regional centers and LEAs could establish regional assessment clinics where formal diagnostic evaluation and assessment for program planning can occur in one setting using a multi-disciplinary team from both entities. Model clinics exist in the Central Valley and in the Far Northern Region of the state.
19. Regional centers and LEAs could be encouraged or required to develop joint memorandums of understanding (MOU) that spell out the specific responsibility and share-of-cost of regional centers and LEAs to provide services for ASD. Some regional centers and LEAs have such MOUs that specify cost-sharing for services. Such collaborative agreements should be available to the public. Agreements would specify the rights of individuals and families to participate in joint program planning between LEAs and regional centers.
20. DDS and CDE could conduct a joint review of various options for improving the transition of children at age three from regional center services under the Early Start program to LEA programs. This review would include options such as having regional centers retain responsibility for all services or specific services (i.e., in-home services, behavioral services) until children enter kindergarten or reach age five, among a range of options. The review would examine state flexibility to redesign service delivery as provided under federal and state law and identify any necessary changes to state law.
21. The state could establish demonstration projects with grant funding to help improve the coordination of services for children who transition at age three from regional center services to LEA programs. The goal would be to continue services to children while regional centers and LEAs resolve disputes over which agency will fund specific services. One option would be for the regional centers to continue funding interim services until the dispute is resolved. Often there is dispute over the continuation of in-home services and behavioral programs. The pilot projects would fund a continuum of service options ranging from completely in-home services to a combination of in-home and school services.
22. The state could enact legislation or issue policy guidance intended to resolve disagreement over the responsibility of LEAs and regional centers to fund in-home services and behavioral services, such as applied behavioral analysis. There is often

disagreement over whether such services are educational services whose provision is the responsibility of LEAs. The state could require that regional centers are completely responsible for providing all in-home services and behavioral services for persons with ASD that are eligible for regional center services. The state could amend the Lanterman Act to require all regional centers to provide the same range of service options to persons with ASD.

23. The state could encourage or mandate a regional approach for smaller school districts to provide services for ASD. Small districts may be unable to provide adequate services for the full range of students, which leads to huge variability between districts.
24. The state could increase funding to LEAs for services to children in preschool, since many LEAs report being significantly under-funded to provide ASD services to children under age five. Specifically, one approach is for LEAs to receive a base funding amount and special education funding for preschool-age students who have individualized education plans (IEP). This could be provided by creating a revenue limit distribution for all preschoolers or at least for those with IEPs. In addition, preschool special education grants could be enhanced so that the pupil count for preschoolers receives local special education grant funding support.
25. The state could redirect the Special Disabilities Adjustment funding to support districts who serve numbers of students with autism, as well as low incidence disabilities, by pupil count.
26. The state could establish a high-risk pool, as allowed under the federal Individuals with Disabilities Education Act (IDEA), for districts to access when they serve students with autism and their costs to serve a child exceed a certain amount per student, or when the numbers of students with autism exceed a specified percentage of their student population (i.e., \$15,000/student or 0.5%).
27. The state could increase funding for, or revise the allocation of funds, from the special education Extraordinary Cost Pool, which provides additional funding to LEAs for special education students whose costs or placements are considered extraordinary.
28. The state could conduct a comprehensive review of the ASD coverage practices of health plans and hold health plans better accountable for providing all medically necessary services for ASD as required under the state mental health parity law.

#### Parent Empowerment

29. Regional centers and LEAs could develop local resource directories for obtaining ASD services that would be disseminated broadly to educators, health professionals, other service providers, and parents. These directories need to be in multiple languages for non-English speaking families and include a glossary of relevant terms.

30. The state could increase funding and support for family resource centers (FRCs), family empowerment centers (FECs), parent training and information centers (PTIs), and other community-based resource centers to provide referrals, networking, support, and workshops for families of special needs children, including those with ASD. In particular, efforts should be focused on resource centers that target underserved families and communities. The state could support a resolution to the United States Congress to increase federal funding for IDEA, including dedicated funding for parent empowerment activities conducted by community-based resource centers.
31. The state could conduct a comprehensive review of the state administrative hearing process for resolving disputes about regional center and special education services, including the types of issues that are disputed and the outcomes of the disputes. This review could help identify inconsistencies in service provision across the state and suggest the need for further state action to promote greater service consistency. The state could also provide funding for parents' legal and advocacy costs for resolving disputes, since parents typically have far less resources to represent themselves than regional centers and LEAs.
32. Independent parent mentors could be funded and trained to help parents obtain and navigate services in both the regional center and special education systems. For example, it is reported that Los Angeles School District pays independent parent advocates to assist parents through mediation and litigation.
33. The state could create an autism ombudsman program that is responsible for investigating and resolving complaints made by, or on behalf of, individuals with autism. The program could include a state ombudsman to oversee the program and provide policy direction and local ombudsman statewide to directly respond to inquiries.
34. The state could mandate that regional centers and schools collaborate to establish an autism parents' task force in each school district.
35. The state could establish an independent review board comprised of parents, educators, and professionals to hold schools accountable. All complaints against schools could be reviewed by this board, and the board would have some power to discipline schools--including monetary sanctions.
36. The state should require that school districts translate all special education-related materials and hearings into multiple languages as needed by families.
37. The state should ensure that existing law includes the proper legal workplace protections for parents to effectively participate in school-based meetings about their child's education.

### Accountability for Services and Achieving Outcomes

38. The Legislature could require DDS and CDE to review and report on their systems for monitoring and holding regional centers and LEAs accountable for providing ASD services and achieving desired outcomes. The report would describe the current accountability systems and identify options for strengthening these systems to increase measurement of individual outcomes.
39. The Legislature could require DDS and CDE to report on outcomes for all individuals with ASD that receive services through the regional centers and LEAs. To this end, the state could develop specific ASD indicators/performance measures for evaluating an individual's progress and the effectiveness of interventions and services for ASD. All regional centers and LEAs would be required to track these measures, which would be put into all regional center and LEA contracts with non-public agencies and non-public schools and be included in all individual program plans (IFSP, IPP, and IEP). This would require tracking of a child's progress based on actual data collection rather than only teacher or other service provider observation. It would also include parent observation.
40. The state could develop ASD-competency standards for the licensing and credentialing of non-public agencies and non-public schools that contract with regional centers and LEAs.
41. DDS should undertake a comprehensive review of regional center practices regarding outreach, screening, diagnosis, and treatment for autism in order to identify specific inconsistencies across regional centers.
42. DDS should have common, specific requirements about the provision of ASD services in all regional center contracts in order to make services more uniform statewide.
43. The state could provide financial incentives or recognition to LEAs and regional centers that provide model programs and services.
44. CDE needs to better monitor for enforcement of existing law that allows parents and outside service providers to observe children in the classroom.
45. CDE needs to conduct a thorough review of its Quality Assurance Process and Verification Review Process and identify areas for strengthening these processes.
46. Collaborate with the California School Boards Association (CSBA) to increase school board member awareness and knowledge of ASD and provide tools for how school boards can hold LEAs accountable for improving student outcomes. For example, consider adding a question on students with ASD to the district Single Action Achievement Plan.